Bepartment of Transportation - Federal Abiation Administration

Supplemental Type Certificate

Number SA2-234

This Certificate issued to

Signature Flight Support Corporation, a Delaware Corporation 7511 Lemmon Avenue, Hangar C Dallas, TX 75209

certifies that the change in the type design for the following product with the limitations and conditions therefor as specified hereon meets the airwoorthiness requirements of Part 410 of the Civil Air Regulations.

Original Product Type Certificate Number:

Make: General Dynamics

Model: 340

Description of Type Design Change:

- Installed a Janitrol heater Model S-200, 200,000 BTU in the aft baggage compartment Station 730 to 796, LH side as per EAS Dwg. #137253C-340, Sheets 1 thru 9, or later FAA approved revision.
- Installation of Lawrence auxiliary power unit in aft baggage compartment between Stations 730 and 796, for ground operation only in accordance with EAS Drawing No. 317254C-340, Sheets 1 thru 9, or later FAA approved revision.

Limitations and Conditions:

Note: The above modifications may be installed either independently or in combination.

Compatibility of this modification with other previously approved modifications must be determined by the installer.

This certificate and the supporting data which is the basis for approval shall remain in offect until surrendered, suspended, revoked or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.

Date of application: March 05, 1958

Date reissued: 6/15/92; 12/21/98; 8/31/00

Date of issuance : March 14, 1958

Date amended: 4/10/81; 5/19/82 Rev. 2



By direction of the Administrator

(Signature)

S. Frances Cox

Manager, Special Certification Office, Southwest Region

(Title)

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of this Supplemental Type Certificate.

The FAA will reissue the certificate in the name of the transferee and forward it to him.

TRAN	USFER	ENDO	RSEMENT

Transfer the ownership of Suppler	mental Type Certificate Number	
to (Name of transferee)		
(Address of transferee)	(Number and street)	
(V)	(Number and street)	
	(City, State, and ZIP code)	
from (Name of annutary) (Point or tob	e)	
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(Address of grantor)	(Number and street)	
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Extent of Authority (if licensing	agreement):	
Date of Transfer:		
Signature - Carrata / In in	k):	